

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

**PATENT
ATTORNEY DOCKET NO. 7450/10**

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ACCESSIBLE USER INTERFACE AND NAVIGATION SYSTEM AND METHOD

the specification of which is attached hereto unless the following box is checked:

(x) was filed on November 5, 2003 as U.S. Serial No. 10/702,166 or PCT International Application
Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: _____ NO: _____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE
60/423,930	November 5, 2002

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby revoke all previously granted powers of attorney in the above-identified patent application and appoint the following attorneys and/or agent(s) to prosecute said patent application and to transact all business in the Patent and Trademark Office connected therewith:

Charles C. Valauskas Reg. No. 32,009

Michael H. Baniak, Reg. No. 30,608

Allison M. Dudley Reg. No. 50,545

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Chicago, Illinois 60606-1601

Direct Telephone Calls To:
Charles C. Valauskas
312-673-0360

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Joe P. Said

Citizenship: USA CANADA

Residence: 5809 N 75E W Lafayette, IN 47906

Post Office Address: 3000 Kent Ave W Lafayette IN 47906

Joe P. Said
Joe P. Said

Date: June 17/2004

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)

PATENT
ATTORNEY DOCKET NO. 7450/10

Full Name of Inventor: David A. Schleppenbach

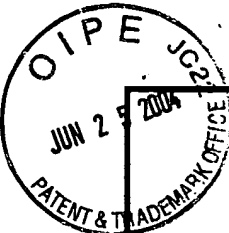
Citizenship: U.S.A

Residence: West Lafayette IN

Post Office Address: 3000 Kent Ave.

David A. Schleppenbach
David A. Schleppenbach

Date: 8/10/04



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	7450/10
Application Number	10/702,166
Filing Date	11/5/03
First Named Inventor	Joe P. Said
Group Art Unit	2818
Examiner	Not yet assigned

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Assignment papers <input type="checkbox"/> Extension of Time Request (+ dupli) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application (duplicate)	<input type="checkbox"/> Drawings <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition To Convert a Provisional Application <input checked="" type="checkbox"/> Executed Declaration and Power of Attorney <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Post Card Receipt <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Nonprovisional Application \$65.00 check
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CALCULATION OF FEE

				Small Entity		or	Not Small Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus			x \$9=		x \$18=	
Indep.		Minus			x \$42=		x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	---	+\$280=	
					total add'l fee	\$	total add'l fee	\$

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Charles C. Valauskas (Reg. No. 32,009) BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, IL 60606		
Signature		Date	June 22, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date:		June 22, 2004
Signature		Date: June 22, 2004